

AGENCY FOR HEALTH CARE
ADMINISTRATION

PRINTED: 11/13/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968310	(X3) DATE SURVEY COMPLETED R 10/27/2017
NAME OF PROVIDER OR SUPPLIER INSPIRED LIVING AT IVY RIDGE	STREET ADDRESS, CITY, STATE, ZIP CODE 7179 40TH AVE N SAINT PETERSBURG, FL 33709	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
0000 - Initial Comments Assisted Living Facility A revisit was conducted on 10/27/17 to a 8/25/17 biennial state re-licensure survey. Inspired Living at Ivy Ridge, Assisted Living Facility, had no deficient practice identified at the time of the visit. (License # 12224)		